

Exhibit A – Company Background Questionnaire

1.1 General Company Information

The questionnaire below is required for all proposers submitting proposals for this RFP. The questionnaire additionally includes a request for several supplemental documents which provide additional information or follow-up information related to the questions contained in the questionnaire.

A. Company Contact Information:

#	Provide the company's contact information. If the relationship will be managed by a regional office provide the address of the regional office.	
1	Legal name of company	
2	Street address	
3	City	
4	State	
5	Zip Code	
6	Website	

#	Provide the names and contact information of a primary and (if applicable) secondary contact that will be readily available to answer questions about your proposal.	
7	Primary contact	
8	Primary contact title	
9	Primary contact email	
10	Primary contact phone	
11	Primary contact fax	
12	Secondary contact	
13	Secondary contact title	
14	Secondary contact email	
15	Secondary contact phone	
16	Secondary contact fax	

#	Provide the names and relevant information regarding any subcontractor or subcontractors (if applicable) whose services have been included in your proposal. The detailed sections of the RFP which address the specific services requested (HRA, health improvement programs/coaching) will provide an opportunity to offer more detailed information regarding subcontractors.	
17	Name of subcontractor (s)	
18	Services being offered through subcontracting relationship(s)	

B. Organization Background:

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.		
#	Question	Response
19	Indicate whether or not your organization is licensed to do business in the state of Washington. Provide your Unified Business Identifier (UBI) number with your response. (Minimum Requirement)	

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.

#	Question	Response
20	Explain the organization's ownership structure, listing all separate legal entities and their relationship within the structure. (Minimum Requirement)	
21	Describe all major shareholders/owners (10% or greater ownership), and list their percentage of total ownership, and the financial arrangements with these organizations. (Minimum Requirement)	
22	Describe any recent (within the last 24 months) or planned changes in your organization such as mergers, stock issues, acquisitions, spin-offs, etc. (Minimum Requirement)	
23	Describe your organization's formal disaster recovery plans. (Minimum Requirement)	
24	Describe any involvement in a lawsuit within the last 5 years and its disposition. Specifically identify any lawsuits that are currently in litigation or pending litigation, and/or any class action lawsuits. (Minimum Requirement)	
25	Describe any restrictions or pending reviews by state or federal authorities for non-compliance with state or federal regulations. (Minimum Requirement)	
26	Identify and define the nature of any previous (within the last 5 years) relationships your organization, its parent organizations or subsidiaries has had with King County. If you have been a prior contractor of the county's, briefly define the scope of services and provide a self-evaluation of your performance in that role. (Minimum Requirement)	

C. References:

#	Provide references for three current clients that we may contact for reference. Include one public sector client, one client of similar size to King County, and one client served by the proposed account management team for King County. (Minimum Requirement)	
27	Client name	
28	Client type	Select from list...
29	Services provided to client	
30	Length of relationship	
31	Number of members (total number of employees + dependents covered by the services provided by your company)	
32	Contact name	
33	Contact title	
34	Contact phone	
35	Contact email	
36	Notes	
37	Client name	
38	Client type	Select from list...
39	Services provided to client	
40	Length of relationship	
41	Number of members (total number of employees + dependents covered by the services provided by your company)	
42	Contact name	
43	Contact title	
44	Contact phone	
45	Contact email	
46	Notes	
47	Client name	
48	Client type	Select from list...
49	Services provided to client	
50	Length of relationship	
51	Number of members (total number of employees + dependents covered by the services provided by your company)	
52	Contact name	
53	Contact title	
54	Contact phone	
55	Contact email	
56	Notes	

#	Provide references for two recently (within the last three years) terminated clients that we may contact for reference. (Minimum Requirement)	
57	Client name	
58	Reason for termination	
59	Services provided to client	
60	Length of relationship	
61	Number of members (total number	

#	Provide references for two recently (within the last three years) terminated clients that we may contact for reference. (Minimum Requirement)	
	of employees + dependents covered by the services provided by your company)	
62	Contact name	
63	Contact title	
64	Contact phone	
65	Contact email	
66	Client name	
67	Reason for termination	
68	Services provided to client	
69	Length of relationship	
70	Number of members (total number of employees + dependents covered by the services provided by your company)	
71	Contact name	
72	Contact title	
73	Contact phone	
74	Contact email	

D. Confidentiality and Privacy:

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.			
#	Statement	Response	Exception/Comments
75	Maintain compliance with all current HIPAA regulations for privacy and security. (Minimum Requirement)	Select response...	
76	All personal health information obtained while providing the services outlined in this RFP and any information provided by members online or through any other method will be encrypted and password protected. (Minimum Requirement)	Select response...	
77	Your organization willing to sign the County's Business Associate Agreement, Exhibit E. By responding "Yes" to this question you are indicating that you will not require edits to the County's standard language. Edits to the County's Business Associate Agreement must be submitted with your RFP, if applicable. Proposals which include edited	Select response...	

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.			
#	Statement	Response	Exception/Comments
	versions of the County's standard language should include "Yes with Exception" or "No" responses to this question. (Minimum Requirement)		
78	Member and employer websites will have valid encryption protocols such as Transport Layer Security (TSL) or Secure Sockets Layer (SSL) security? Briefly identify the security protocols in place in the comments box next to your response. (Minimum Requirement)	Select response...	
79	Your organization can meet the King County policy for security and privacy outlined in Exhibit F, the King County Employee and Third Party Policy for Information Technology Security and Privacy Policy? (Minimum Requirement)	Select response...	
80	Your organization can meet the King County policy for security and privacy outlined in Exhibit G, The King County Acknowledgement of IT Security Responsibilities and Confidentiality Guidelines? (Minimum Requirement)	Select response...	
81	Your organization can meet the King County policy for security and privacy outlined in Exhibit H, the King County Password Management Policy? (Minimum Requirement)	Select response...	
82	Maintain a secure and confidential program that will instill confidence in members participating in the programs. Describe the steps you would take to accomplish this in the Exceptions/Comments section.	Select response...	

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.			
#	Statement	Response	Exception/Comments
83	You have security arrangements for accepting eligibility data from clients and transmitting claims or other reporting data to clients or their vendor partners?	Select response...	

E. Account Management:

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.			
#	Question	Response	Exception/Comments
84	There will be one primary contact for the King County account that would be responsible for day-to-day operations, service issues and the overall relationship. In the Exception/Comments section identify who this person would be and briefly describe the reasons for the selection of this individual to represent your organization on the King County account. (Minimum Requirement)	Select response...	
85	Your organization has a plan to manage turn-over within the account management team that includes a process to manage knowledge transfer of critical organizational processes and awareness of client needs.	Select response...	
86	Your clients can take a roll in the decision making process for replacing members of your account management team.	Select response...	

87	The team that will manage the King County account has experience working together on complex COBRA, Retiree Medical and FSA plans with similar custom requirements. In the Exception/Comments section describe the make-up and structure of the team being proposed to manage this account and their experience working together on similar accounts. (Minimum Requirement)	Select response...	
88	You will conduct an annual account management satisfaction survey of King County stakeholders and the results of the survey will be subject to the performance guarantees contained in this RFP. (Minimum Requirement)	Select response...	

#	Provide names and relevant experience for the key account management and implementation team members that are being proposed for the King County account. (Minimum Requirement)	
89	Name	
90	Title	
91	Physical location	
92	Number of years and months in current role	
93	Number of years and months with company	
94	Primary responsibilities	
95	Experience, expertise, knowledge and training	
96	Number of other clients for which this team member has responsibilities	
97	Name	
98	Title	
99	Physical location	
100	Number of years and months in current role	
101	Number of years and months with company	
102	Primary responsibilities	
103	Experience, expertise,	

#	Provide names and relevant experience for the key account management and implementation team members that are being proposed for the King County account. (Minimum Requirement)	
	knowledge and training	
104	Number of other clients for which this team member has responsibilities	
105	Name	
106	Title	
107	Physical location	
108	Number of years and months in current role	
109	Number of years and months with company	
110	Primary responsibilities	
111	Experience, expertise, knowledge and training	
112	Number of other clients for which this team member has responsibilities	
113	Name	
114	Title	
115	Physical location	
116	Number of years and months in current role	
117	Number of years and months with company	
118	Primary responsibilities	
119	Experience, expertise, knowledge and training	
120	Number of other clients for which this team member has responsibilities	
121	Name	
122	Title	
123	Physical location	
124	Number of years and months in current role	
125	Number of years and months with company	
126	Primary responsibilities	
127	Experience, expertise, knowledge and training	
128	Number of other clients for which this team member has responsibilities	

Supplemental Information and Questionnaire Attachments

1. Provide a copy of your most recent audited financial report for the last three years (2009, 2010, and 2011) as **Attachment A** to your proposal.
2. Provide an organizational chart for the designated account management team and customer service team that will be assigned to King County as **Attachment B** to your proposal.
3. Provide a sample of your proposed annual account management satisfaction survey as **Attachment C** to your proposal.
4. If applicable, a redlined or tracked-changes copy of Exhibit I, the King County Business Associate Agreement, must be submitted with your proposal as **Attachment D** and accompanied by a cover letter detailing the rationale for edits on a section by section basis. The cover letter should be written by the representative within your organization who will be responsible for negotiation of the final language contained in the Business Associate Agreement in the event that your proposal is identified for award of the contract. Proposers which agree to the terms and conditions of the Business Associate Agreement as written may indicate agreement with the language in response to Question 77 above and are not required to submit a red-lined or tracked-changes copy of the Business Associate Agreement.